

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ML | | 06-01-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | LS | 857 | 6/20/01 |
| RESPONSE FORMALITY REVIEW | 1020 | 1127 | 12-4-01 |
| | | | 12/08/02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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361 11/8/01
 12-4-1